MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

IND. DEP.

AS FILED IND. DEP.

<u>lo</u>

TAL

TAL P.

AFTER AFTER
1st AMENDMENT 2nd AMENDMENT

APPLICANT(S)

FILING DATE

SERIAL NO.

0-138	0 (3-78)	

1.00